County: Sheboygan SUNNY RIDGE 3014 ERIE AVENUE SHEBOYGAN 5 SHEBOYGAN 53081 Phone: (920) 459-3028
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 317
Total Licensed Bed Capacity (12/31/00): 341
Number of Residents on 12/31/00: 284 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County Skilled No Yes Average Daily Census: 279

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups	% 	Less Than 1 Year 1 - 4 Years	31. 7 39. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	1.8	Under 65	6. 0	More Than 4 Years	28. 5
Day Servi ces	No	Mental Illness (Org./Psy)	28. 2	65 - 74	13. 0		
Respite Care	Yes	Mental Illness (Other)	8. 5	75 - 84	33. 8		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 7	85 - 94	39. 8	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & 0ver	7.4	Full-Time Equivalen	t
Congregate Meals	No	Cancer	3. 2			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	1.4		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	14. 1	65 & 0ver	94. 0	[
Transportation	No	Cerebrovascul ar	15. 1			RNs	8. 9
Referral Service	No	Di abetes	6. 3	Sex	%	LPNs	6. 8
Other Services	No	Respi ratory	2. 1			Nursing Assistants	
Provi de Day Programming for	İ	Other Medical Conditions	16. 9	Male	29. 9	Aides & Orderlies	36. 8
Mentally Ill	Yes			Female	70. 1		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Private			Pay		Manage	d Care	Percent		
			Per Di	em		Per Die	m		Per Die	m		Per Dien	1	j l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	-		\$193.54	141	73. 4	\$97. 91	ŏ	0. 0	\$0.00	73		\$120.00	ŏ	0. 0	\$0.00	221	77. 8%
Intermediate				51	26.6	\$81. 56	0	0.0	\$0.00	12	14. 1	\$120.00	0	0.0	\$0.00	63	22. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	i. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	7	100.0		192	100. 0		0	0.0		85	100.0		0	0.0		284	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as of 12	2/31/00
beachs builing keporeing refrou				%	Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	20.8	Daily Living (ADL)	Independent		Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	2. 5	Bathi ng	0. 7		66. 5	32. 7	284
Other Nursing Homes	3. 6	Dressi ng	19. 7		58. 8	21. 5	284
Acute Care Hospitals	67 . 0	Transferring	44. 0		38. 4	17. 6	284
Psych. HospMR/DD Facilities	0. 5	Toilet Use	33. 1		35. 6	31. 3	284
Rehabilitation Hospitals	0. 5	Eati ng	60. 9		27. 5	11. 6	284
Other Locations	5. 1	******************	******	******	******	********	*****
Total Number of Admissions	197	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa		2. 1		Respiratory Care	4. 6
Private Home/No Home Health	9. 5	Occ/Freq. Incontinent		45. 4		Tracheostomy Care	0. 4
Private Home/With Home Health	15. 5	Occ/Freq. Incontinent	of Bowel	24. 6		Suctioning	1. 4
Other Nursing Homes	10. 5					Ostomy Care	0. 7
Acute Care Hospitals	2. 5	Mobility				Tube Feeding	1.8
Psych. HospMR/DD Facilities	1.0	Physically Restrained		0. 4	Recei vi ng	Mechanically Altered Diet	s 32.4
Rehabilitation Hospitals	0. 5						
Other Locations	5.0	Ski n Care				nt Characteristics	
Deaths	55. 5	With Pressure Sores		5. 6		ce Directives	67. 6
Total Number of Discharges	000	With Rashes		2.8	Medications	n 1 n	" 0 0
(Including Deaths)	200				Kecei vi ng	Psychoactive Drugs	56. 3

		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	This Government		20	00 +	Ski l	led	Al l	
	Facility Peer Gr		Group	oup Peer (Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81. 8	82. 7	0. 99	80. 6	1. 02	84. 1	0. 97	84. 5	0. 97
Current Residents from In-County	94. 0	85. 7	1. 10	83. 1	1. 13	83. 5	1. 13	77. 5	1. 21
Admissions from In-County, Still Residing	37. 1	34. 4	1.08	26. 5	1.40	22. 9	1. 62	21. 5	1.72
Admissions/Average Daily Census	70. 6	67. 7	1.04	107. 9	0. 65	134. 3	0. 53	124. 3	0. 57
Discharges/Average Daily Census	71. 7	72. 5	0. 99	108. 6	0. 66	135. 6	0. 53	126. 1	0. 57
Discharges To Private Residence/Average Daily Census	17. 9	23. 7	0. 76	45. 4	0. 39	53. 6	0. 33	49. 9	0. 36
Residents Receiving Skilled Care	77.8	83. 9	0. 93	88. 0	0. 88	90. 1	0. 86	83. 3	0. 93
Residents Aged 65 and Older	94. 0	83. 5	1. 13	87. 7	1. 07	92. 7	1. 01	87. 7	1.07
Title 19 (Medicaid) Funded Residents	67. 6	77. 2	0. 88	70. 6	0. 96	63. 5	1.06	69. 0	0. 98
Private Pay Funded Residents	29. 9	17. 9	1. 67	23. 8	1. 26	27. 0	1. 11	22. 6	1. 32
Developmentally Disabled Residents	1.8	3. 4	0. 51	2. 9	0.61	1. 3	1.40	7. 6	0. 23
Mentally Ill Résidents	36. 6	56. 6	0.65	46. 8	0. 78	37. 3	0. 98	33. 3	1. 10
General Medical Service Residents	16. 9	14. 3	1. 18	15. 4	1. 10	19. 2	0. 88	18. 4	0. 92
Impaired ADL (Mean)	45. 8	50.8	0. 90	49. 4	0. 93	49. 7	0. 92	49. 4	0. 93
Psychological Problems	56 . 3	61. 2	0. 92	56. 4	1.00	50. 7	1. 11	50. 1	1. 12
Nursing Care Required (Mean)	6. 2	6. 6	0. 94	7. 3	0.86	6. 4	0. 96	7. 2	0.87